



MISSISSIPPI STATE BOARD  
OF PUBLIC ACCOUNTANCY  
5 OLD RIVER PLACE, SUITE 104  
JACKSON, MS 39202-3449  
(601) 354-7320 (601) 354-7290 FAX  
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email@msbpa.state.ms.us

**INITIAL APPLICATION**  
**CPA FIRM PERMIT**  
**TO PRACTICE PUBLIC ACCOUNTING**

TYPE OR PRINT IN INK.

FIRM NAME: \_\_\_\_\_ OFFICE ID NUMBER: \_\_\_\_\_  
(assigned by Board)  
MAILING ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
(principal office) \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
(if different) \_\_\_\_\_ FIRM CONTACT: \_\_\_\_\_  
(regarding this application)

DATE(S) FIRM ORGANIZED AND COMMENCED PRACTICE: \_\_\_\_\_  
NUMBER OF OTHER FIRM OFFICES: \_\_\_\_\_ (Attach a complete listing of the addresses and telephone/fax numbers of all other offices (practice units) of the firm, including the names of all owners or resident managers associated with each office.)

**CHECK THE TYPE OF ORGANIZATION:**

\_\_\_\_ PARTNERSHIP \_\_\_\_ PROFESSIONAL CORPORATION \_\_\_\_ PLLC \_\_\_\_ LLP \_\_\_\_ SOLE PROPRIETORSHIP  
(acting as a practice unit)

**(Attach a copy of the articles of organization, articles of incorporation, or appropriate legal documentation.)**

**ANSWER "YES" OR "NO" AND COMPLETE THE FOLLOWING:**

- ☐ Yes ☐ No Are all owners of this firm active Mississippi CPA license holders?  
☐ Yes ☐ No If the answer is no, is the firm based outside Mississippi (foreign firm)? (If no (firm is in Miss), contact the Board office.)
- ☐ Yes ☐ No Are any owners, partners, members, or shareholders, incorporated as a professional corporation? (If yes, list and explain.)
- ☐ Yes ☐ No Has a complete listing of the names, addresses, and Mississippi CPA license numbers of all owners, resident managers, and CPA staff been included on the reverse side of this form?
- ☐ Yes ☐ No Has the firm used any other previous name? (If yes, please list name(s) and date(s) used: \_\_\_\_\_)
- ☐ Yes ☐ No Is the firm licensed or permitted to practice public accounting in other states? List the states & numbers: \_\_\_\_\_
- ☐ Yes ☐ No Has the firm had an application for firm permit or license denied, suspended or revoked by any government agency? (If yes, explain.)
- ☐ Yes ☐ No Has the firm or any owner(s) been convicted, found guilty, or pleaded no contest to any felony or crime? (If yes, explain.)
- ☐ Yes ☐ No Has the firm or any owner(s) been disciplined, participated in administrative proceedings, or had an application for firm permit/license denied, suspended or revoked by another jurisdiction or by a state or federal agency? (If yes, explain and describe the disposition of the action.)
- ☐ Yes ☐ No Has the firm performed any of these services within the past 12 months? (If your firm performs any of these services, peer review is required.)  
\_\_\_\_ Audits; \_\_\_\_ Reviews; \_\_\_\_ Compilations; \_\_\_\_ Prospective financial statements?

Date of last peer review: \_\_\_\_\_ Performed by: \_\_\_\_\_  
**(Attach either a statement signed by the peer review team captain or the letter of acceptance confirming the peer review.)**

**RESPONSIBLE OWNER FOR SERVICE OF PROCESS:**

I do solemnly swear (or affirm) that this application is a complete representation of the status of this firm and all information on this application form is true and correct. I understand that should there be any changes in ownership, firm name, additions or changes of offices, addresses or other significant information, the Mississippi State Board of Public Accountancy will be notified in writing within 30 days.

\_\_\_\_\_  
**CPA SIGNATURE, TYPED NAME & LICENSE**

\_\_\_\_\_  
NOTARY PUBLIC  
Sworn to and subscribed before me on  
this the \_\_\_\_ of \_\_\_\_\_, 200\_\_

SEAL

Over ➤

DATED: \_\_\_\_\_

Copy and attach additional sheet(s) as necessary.